

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>NEWYORK-PRESBYTERIAN PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>009</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u> <u>525 EAST 68TH STREET, BOX 38004</u> <u>NEW YORK, NY 10065-4870</u>	1c Effective date of plan <u>01/01/1971</u> 2b Employer Identification Number (EIN) <u>13-3957095</u> 2c Plan Sponsor's telephone number <u>646-697-4727</u> 2d Business code (see instructions) <u>622000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	RACHEL MARLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	37477
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	18881
	6a(2)	19908
	6b	6162
	6c	11606
	6d	37676
	6e	1023
	6f	38699
	6g(1)	
6g(2)		
6h		399
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 0
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NEWYORK-PRESBYTERIAN PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	D Employer Identification Number (EIN) <u>13-3957095</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>2378288758</u>	
b Actuarial value	2b	<u>2486934451</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>6846</u>	<u>612569347</u>	<u>612569347</u>
b For terminated vested participants	<u>12177</u>	<u>534274444</u>	<u>534274444</u>
c For active participants	<u>19984</u>	<u>1100858762</u>	<u>1112125320</u>
d Total	<u>39007</u>	<u>2247702553</u>	<u>2258969111</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.26 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>104202017</u>	
b Expected plan-related expenses	6b	<u>6700000</u>	
c Target normal cost	6c	<u>110902017</u>	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE Signature of actuary <u>JONATHAN SCHATZ</u> Type or print name of actuary <u>BUCK GLOBAL, LLC</u> Firm name <u>420 LEXINGTON AVENUE, SUITE 2220</u> <u>NEW YORK, NY 10170-2220</u> Address of the firm	<u>09/09/2025</u> Date <u>23-07386</u> Most recent enrollment number <u>212-330-1000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	269459635
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	269459635
10	Interest on line 9 using prior year's actual return of <u>7.72</u> %	0	20540510
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	172936822
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	117063323

Part III		Funding Percentages	
14	Funding target attainment percentage	14	104.90 %
15	Adjusted funding target attainment percentage	15	110.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.26 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 66
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	110902017	
b Excess assets, if applicable, but not greater than line 31a	31b	110902017	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NEWYORK-PRESBYTERIAN PENSION PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK AND PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 28	NONE	3471398	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BUCK GLOBAL, LLC

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	1082850	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BNY MELLON ASSET SERVICING

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	579293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

K&L GATES

25-0921018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	513509	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ERNST & YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	193656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

GALLAGHER BENEFIT SERVICES

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 17	NONE	99700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SIMPSON THATCHER & BARTLETT LLP

13-5395280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	53501	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ALBOURNE AMERICA LLC

91-2164625

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 16 28	NONE	48222	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BLOOMBERG FINANCE LP

13-3417984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	42283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CAMBRIDGE ASSOCIATES LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 28	NONE	15628	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EVESTMENT ALLIANCE LLC

58-2540972

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	12887	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DYNAMIC SEARCH PARTNERS

45-4175380

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	8037	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PITCHBOOK DATA INC.

20-8625316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	NONE	6682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEWYORK-PRESBYTERIAN PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	D Employer Identification Number (EIN) <u>13-3957095</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT LONG TERM POOL</u>		
b Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN <u>13-4011699-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2501349523</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT LEGACY POOL</u>		
b Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN <u>13-4011699-002</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>948770</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT NYP DREYFUS</u>		
b Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN <u>13-4011699-003</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT WESTCHESTER DREYFUS</u>		
b Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN <u>13-4011699-004</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT QUEENS DREYFUS</u>		
b Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN <u>13-4011699-006</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NYPH MT METHODIST DREYFUS</u>		
b Name of sponsor of entity listed in (a): <u>THE NEW YORK PRESBYTERIAN HOSPITAL</u>		
c EIN-PN <u>13-4011699-008</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NEWYORK-PRESBYTERIAN PENSION PLAN	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 THE NEW YORK AND PRESBYTERIAN HOSPITAL	D Employer Identification Number (EIN) 13-3957095

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2379819874	2502298293
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2379819874	2502298293
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1531116	5337586
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1531116	5337586
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2378288758	2496960707

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		249525844
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		249525844

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	119324058	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		119324058
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1438918	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	193656	
(5) Investment advisory and investment management fees	2i(5)	3642984	
(6) Bank or trust company trustee/custodial fees	2i(6)	579293	
(7) Actuarial fees	2i(7)	1082850	
(8) Legal fees	2i(8)	567010	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	4025126	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11529837
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		130853895

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		118671949
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		1539179147
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549419.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NEWYORK-PRESBYTERIAN PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE NEW YORK AND PRESBYTERIAN HOSPITAL</u>	D Employer Identification Number (EIN) <u>13-3957095</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 25-1926855

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	738
--	---	-----

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: 41.3 % Private Equity: 19.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 14.7 %
 High-Yield Debt: 6.1 % Real Assets: 16.6 % Cash or Cash Equivalents: 0.5 % Other: 1.1 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

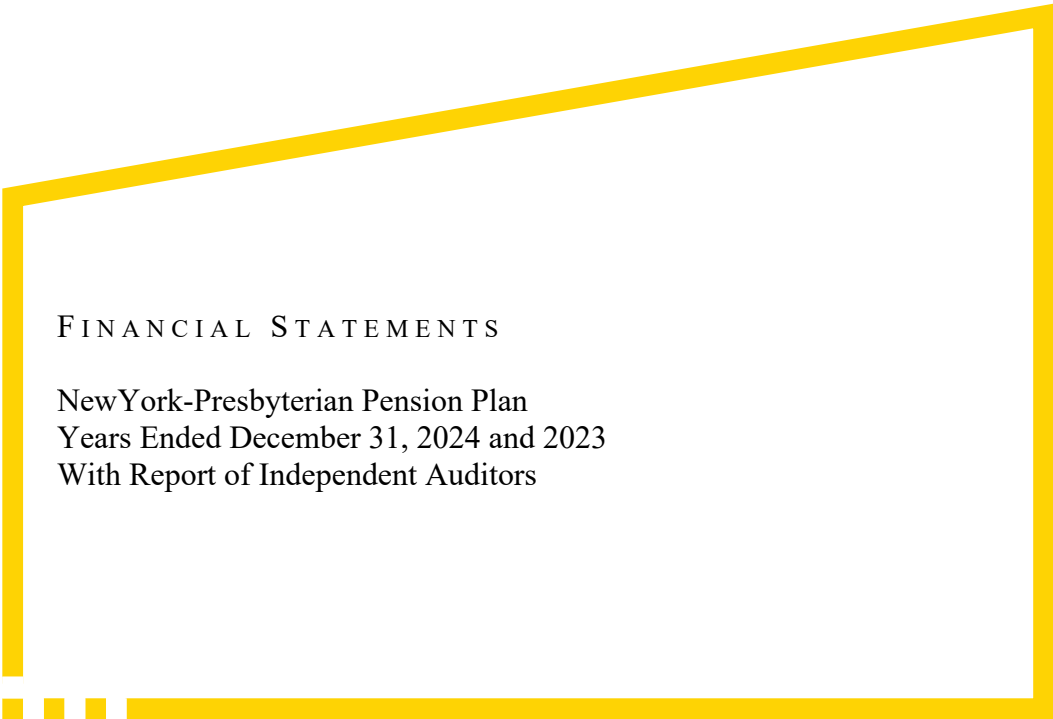
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



FINANCIAL STATEMENTS

New York-Presbyterian Pension Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



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New York-Presbyterian Pension Plan

Financial Statements

Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

The Board of Trustees
The New York and Presbyterian Hospital

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the New York-Presbyterian Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



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- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.



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Auditor’s Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan’s ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.



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Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Ernst + Young LLP

October 14, 2025

New York-Presbyterian Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Beneficial interest in the New York-Presbyterian Hospital Master Trust	\$ 2,502,298,293	\$ 2,379,819,874
Total assets	2,502,298,293	2,379,819,874
Liabilities		
Accounts payable	405,838	441,376
Due to broker	4,931,748	1,089,740
Total liabilities	5,337,586	1,531,116
Net assets available for benefits	\$ 2,496,960,707	\$ 2,378,288,758

See accompanying notes.

New York-Presbyterian Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Deductions		
Benefits paid to participants	\$ 119,324,058	\$ 11,871,077
Administrative expenses	11,529,837	456,686
Total deductions	130,853,895	12,327,763
Net investment gain from Plan interest in the New York-Presbyterian Hospital Master Trust	249,525,844	18,987,833
Net increase in net assets available for benefits	118,671,949	6,660,070
Transfers for plan mergers (<i>Note 1</i>):		
The New York and Presbyterian Hospital Retirement Plan	–	1,571,956,046
The Employees’ Retirement Plan of New York- Presbyterian Westchester Hospital	–	311,602,059
New York-Presbyterian Brooklyn Methodist Hospital Employees’ Retirement Plan	–	236,112,429
Total transfers for plan mergers	–	2,119,670,534
Net assets available for benefits at beginning of year	2,378,288,758	251,958,154
Net assets available for benefits at end of year	\$2,496,960,707	\$2,378,288,758

See accompanying notes.

New York-Presbyterian Pension Plan

Notes to Financial Statements

December 31, 2024

1. Description of the Plan

Effective December 31, 2023, the following plans of entities affiliated with The New York and Presbyterian Hospital (the Hospital) were merged into New York-Presbyterian/Queens Retirement Plan (Queens sub-plan): The New York and Presbyterian Hospital Retirement Plan (NYPH sub-plan), The Employees' Retirement Plan of New York-Presbyterian Westchester Hospital (Westchester sub-plan), and New York-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan (Brooklyn sub-plan) (collectively, the Legacy Plans). Also, effective December 31, 2023, the name of the surviving plan was changed from New York-Presbyterian/Queens Retirement Plan to New York-Presbyterian Pension Plan (the Plan) and the plan sponsor of the Plan was changed from New York-Presbyterian/Queens (Prior Plan Sponsor) to the Hospital (Plan Sponsor). As a result of the plan mergers, the assets of the Legacy Plans totaling approximately \$2.1 billion were transferred to the Plan as reported in the accompanying 2023 statement of changes in net assets available for benefits (refer to Note 4 for disclosures related to accumulated plan benefits of the merged Plan).

The Board of Directors of the Prior Plan Sponsor served as the plan administrator up to the merger date; subsequent to the plan mergers, the Board of Trustees of the Hospital serves as the plan administrator. The Bank of New York Mellon (the Trustee) serves as Trustee and is authorized to make payments from the Plan upon direction from the plan administrator.

The Plan's investments are combined with the investments of another retirement plan of the Hospital in a unitized investment program called the New York-Presbyterian Hospital Master Trust (the Master Trust). The unitized investment program was established with the objective of optimizing investment returns, while managing investment risk.

Subsequent to the plan mergers, provisions separately applicable to the Legacy Plans continue to be in effect and participants in each sub-plan continue to be governed by the provisions of the sub-plan from which they were previously a participant.

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan Document and summary plan description for a more complete description of such provisions. Copies of all plan provisions may be obtained from the Hospital.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

General

The Plan is a trustee, noncontributory defined benefit pension plan covering certain eligible employees of the Plan Sponsor and certain of its affiliated entities. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The stated purpose of the Plan is to provide retirement benefits at the employee's retirement date, disability benefits for certain participants and related death benefits for the employee's dependents. The Plan is administered by the People Committee of the Board of Trustees of the Hospital.

Benefits

A general summary of the benefit provisions of each sub-plan comprising the Plan follows; participants should refer to the Plan Document and summary plan description for a more complete description of such provisions.

For the NYPH sub-plan, the cash balance feature is an alternative benefit formula which covers all eligible employees who became participants on or after July 1, 1992, except for the participants who were employed at the Hospital campus formerly known as Columbia Presbyterian Center and elected to remain in the format of the NYPH sub-plan that has a final average pay formula. The cash balance feature also covers all currently active participants as of June 30, 1992, who elected to be so covered. Retirement benefits are based upon a participant's salary and length of service. Under the NYPH sub-plan, participants of the cash balance program with three or more years of service are entitled to annual pension benefits beginning as early as termination. Participants may elect to receive their pension benefits in the form of a single life annuity, a joint and survivor annuity, a period certain option, partial withdrawals or lump sum. Participants under the original defined benefit retirement plan program under the NYPH sub-plan are entitled to annual pension benefits beginning at normal retirement age of 65, with an early retirement option at age 55 after 5 years of creditable service.

For the Brooklyn sub-plan, the cash balance feature is an alternative benefit formula which covers all eligible employees as of July 1, 2003. For participants with service prior to June 30, 2003, the Brooklyn sub-plan benefit was a final average pay formula. Under the Brooklyn sub-plan, participants of the cash balance program with three or more years of service are vested in their benefit. The Brooklyn sub-plan provides for payment of benefits in the form of a life annuity or, in the case of married participants, in the form of a qualified joint and survivor annuity. The Brooklyn sub-plan also provides that participants may waive these forms of payment (subject to spousal consent) and elect other forms of payment permitted under the sub-plan provisions.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

The Westchester sub-plan benefit is a final average pay formula where participants with five years of continuous service become 100% vested and are entitled to pension benefits upon retirement. Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint-and-survivor annuities and certain-and-life annuities. Lump-sum payment options may also apply. The Westchester sub-plan benefit was amended on November 15, 2017 such that effective December 31, 2017, benefit accruals for certain non-union participants was frozen; non-union participants who were at least age 59 with 10 years of credited service as of December 31, 2017 are grandfathered and continue to accrue benefits. Effective December 31, 2019, benefits of employees who are represented by 1199 SEIU United Health Care Workers East (1199 Union) were frozen.

For the Queens sub-plan, future benefit accruals for certain active participants were frozen in 2003; the Queens sub-plan was further amended effective February 18, 2017 to freeze all increases in final average earnings. Participants with five or more years of service credit are entitled to annual pension benefits beginning at age 65. The benefit is equal to 1.76% of their final average compensation for each year of service credit plus a past service benefit if applicable. Final average compensation is based on the highest average compensation for five consecutive years during the last ten years of credited service, subject to ERISA limitations. Participants may elect to receive their pension benefits in the form of a life annuity, various joint and survivor annuities, certain and continuous payment options or a level income option. Participants may also elect to receive 25% or 50% of the value of their benefit in a single lump-sum payment with the balance paid as a monthly annuity.

Eligibility

An eligible employee of the Hospital or certain of its affiliated entities may become a participant in a sub-plan of the Plan following the first anniversary of the employee's date of hire and satisfaction of other provisions, as applicable.

For the NYPH sub-plan, certain employees became eligible upon the merger of: NYPH and the entity formerly known as New York Downtown Hospital effective July 1, 2013; and NYPH and the entity formerly known as New York-Presbyterian/Lawrence Hospital and its subsidiaries effective January 1, 2018.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

The Westchester sub-plan froze new participation for employees who are represented by the 1199 Union effective December 31, 2019.

The Queens sub-plan froze new participation effective December 31, 2003.

Funding

The Plan Sponsor contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. All contributions to the Plan are invested in the Master Trust.

The Plan and the Legacy Plans have met the ERISA minimum funding requirements for the years ended December 31, 2024 and 2023, respectively. No contributions were made in the 2024 and 2023 Plan years for the Plan and the Legacy Plans, respectively. No contributions were required for the 2024 and 2023 Plan years for the Plan and the Legacy Plans, respectively.

Plan Termination

Although it has not expressed an intention to do so, the Plan Sponsor reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

In general, upon termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

The following is a summary of the Plan's significant accounting policies:

Basis of Accounting

The accompanying financial statements were prepared on the accrual basis of accounting.

Valuation of Investments

All of the Plan's investments in the Master Trust are held with the Trustee.

Investments held by the Master Trust at December 31, 2024 and 2023 consist of cash and cash equivalents, fixed income securities (including U.S. government bonds and notes), equity securities (including readily tradeable stocks, exchange traded funds, and mutual funds), interests in common collective equity funds and alternative investments (nontraditional, not readily marketable holdings).

All investments are carried at fair value by the Master Trust. See Note 9 for further discussion and disclosures related to fair value measurements. Fixed income and equity securities with readily determinable values are carried at fair value as determined based on active markets. The fair value of common collective equity funds is estimated by using the net asset value per share provided by the administrator of the applicable common collective equity funds as a practical expedient.

Alternative investments include investments in hedge funds, private equity funds and private real asset funds. Alternative investment interests generally are structured such that the Master Trust holds a limited partnership interest or an interest in an investment management company. The ownership structure does not provide for control over the related investees and the financial risk is limited to the carrying amount reported for each investee, in addition to any unfunded capital commitment (see Note 9).

Individual investment holdings within the alternative investments include non-marketable and market-traded debt, equity and real asset securities and interests in other alternative investments. The Plan may be exposed indirectly to securities lending, short sales of securities and trading in futures and forward contracts, options and other derivative products.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Alternative investments are reported at fair value, as estimated in an unquoted market. Fair value is determined by the Plan Sponsor's management for each investment using net asset value as a practical expedient, as permitted by accounting principles generally accepted in the United States of America (GAAP) rather than using another valuation method to independently estimate fair value. Financial information used by the Plan Sponsor's management to evaluate the alternative investments is provided by the investment manager or general partner and includes fair value valuations (quoted market prices and values determined through other means) of underlying securities and other financial instruments held by the investee and estimates that require varying degrees of judgment. The financial statements of the investee companies are audited annually by independent auditors.

There is uncertainty in the accounting for alternative investments arising from factors such as lack of active markets (primary and secondary), lack of transparency into underlying holdings and time lags associated with reporting by the investee companies. As a result, the estimated fair values reported in the accompanying statements of net assets available for benefits might differ from the values that would have been used had a ready market for alternative investment interests existed and there is at least a reasonable possibility that estimates will change.

Investment Transactions

All investment transactions made by the Plan and the Master Trust are recorded on the dates such trades take place. The realized gain or loss resulting from these transactions is the difference between the proceeds received and the average historical cost of the assets sold. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Unrealized net appreciation or depreciation in fair value of investments represents the change in the difference between the fair value and the carrying value of investments held. The Plan recognizes the aggregate of such activity as the net investment gain or loss from its interest in the Master Trust.

Use of Estimates

The preparation of the financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Payments of Benefits

Benefits are recorded when paid. The amounts reflected in the accompanying financial statements do not reflect participant retirement benefits that were previously satisfied through the purchase of annuity contracts.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by Plan participants through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

For the NYPH and Brooklyn sub-plans, benefits were determined either under the defined benefit format or under the cash balance format (see Note 1). Under the defined benefit format, benefits for retired or terminated employees or their beneficiaries are calculated based on the participants' final average earnings during their last ten years of credited service (NYPH sub-plan) or the highest average compensation for five consecutive years (or such number of consecutive calendar years less than five if they have failed to complete five consecutive calendar years of employment) during their last ten years of credited service (Brooklyn sub-plan). Under the cash balance format, benefits are calculated based on the cash balance credit, including interest credits, that individual participants earned as a percentage of compensation, subject to the provisions of each sub-plan.

Administrative Expenses

Custodial fees to the Plan trustee, actuarial, legal and accounting fees and fees for other services rendered are paid from Plan assets.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

3. Investments

As described in Note 1, the Plan's investments have been combined with the investments of another retirement plan of the Hospital in a unitized investment program which consists of various pools of investments. Each plan that participates in the Master Trust has a divided interest in the Master Trust through percentage ownership interests in certain investment pools within the Master Trust. All administrative expenses are paid from the assets of the Master Trust. Each plan is allocated gains, losses and investment management fees based on its monthly ownership interest in the respective pools. Other transactions (primarily consisting of contributions, benefit payments, and plan-specific expenses) are recorded based on specific Plan activity as determined by the Plan Sponsor.

Other than the fair value of the investments classified as alternative investments and the related net realized and unrealized appreciation or depreciation in fair value of alternative investments, certain investment information for the Master Trust and the Plan disclosed in the accompanying financial statements, including investments held at December 31, 2024 and 2023, net realized and unrealized appreciation and depreciation in fair value of investments, interest and dividends and net investment gain and loss from Plan interest in the Master Trust for the years then ended, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustee.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

3. Investments (continued)

The financial information for the Master Trust and the Plan's interest in the Master Trust as of December 31, 2024 is summarized as follows:

	Master Trust	Plan's Interest in Master Trust
Investments:		
Cash and cash equivalents*	\$ 59,095,059	\$ 57,702,425
Fixed income securities*	212,052,011	207,054,752
Equities*	156,468	152,781
Common collective equity funds*	713,849,221	697,026,513
Alternative investments	1,576,304,443	1,539,179,147
Total investments	2,561,457,202	2,501,115,618
Accrued income*	1,533,968	1,497,818
Due to broker*	(322,749)	(315,143)
Total net assets	\$ 2,562,668,421	\$ 2,502,298,293

* This information has been certified as complete and accurate by the Trustee.

The financial information for the Master Trust and the Plan's interest in the Master Trust, inclusive of the plan mergers, as of December 31, 2023 is summarized as follows:

	Master Trust	Plan's Interest in Master Trust
Investments:		
Cash and cash equivalents*	\$ 37,055,024	\$ 36,207,552
Fixed income securities*	233,076,007	227,631,076
Equities*	18,245,795	17,819,552
Common collective equity funds*	659,850,173	644,435,294
Alternative investments	1,485,034,789	1,450,367,435
Total investments	2,433,261,788	2,376,460,909
Accrued income*	1,957,919	1,912,180
Due from broker*	1,481,392	1,446,785
Total assets	\$ 2,436,701,099	\$ 2,379,819,874

* This information has been certified as complete and accurate by the Trustee.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

3. Investments (continued)

For the year ended December 31, 2024, the Master Trust's dividends, interest income and net appreciation (depreciation) in the fair value of the Master Trust's investments (including investments bought, sold, as well as held during the year) and the Plan's interest in the Master Trust are as follows:

	Master Trust	Plan's Interest in Master Trust
Dividends and interest income*	\$ 19,664,044	\$ 19,194,080
Net realized and unrealized appreciation (depreciation) in fair value of investments:		
Fixed income securities*	(3,905,874)	(3,814,729)
Equities*	2,198,896	2,147,606
Common collective equity funds*	116,622,427	113,902,789
	114,915,449	112,235,666
Net realized and unrealized appreciation in fair value of alternative investments	120,932,018	118,096,098
Net investment gain	\$ 255,511,511	\$ 249,525,844

*This information has been certified as complete and accurate by the Trustee.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

3. Investments (continued)

For the year ended December 31, 2023, the Master Trust's dividends, interest income and net appreciation in the fair value of the Master Trust's investments (including investments bought, sold, as well as held during the year) and the Plan's interest in the Master Trust, reflective of activity during the year and prior to the plan mergers which took effect at the close of December 31, 2023, are as follows:

	Master Trust	Plan's Interest in Master Trust
Dividends and interest income*	\$ 22,349,758	\$ 2,356,920
Net realized and unrealized appreciation in fair value of investments:		
Fixed income securities*	1,079,554	113,030
Equities*	2,927,469	309,797
Common collective equity funds*	138,292,903	14,641,620
	142,299,926	15,064,447
Net realized and unrealized appreciation in fair value of alternative investments	14,667,228	1,566,466
Net investment gain	\$ 179,316,912	\$ 18,987,833

* This information has been certified as complete and accurate by the Trustee.

4. Accumulated Plan Benefits

The Plan's consulting actuary estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The accumulated plan benefit information as of December 31, 2023 is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefits	\$ 524,873,929
Other participants	<u>1,220,953,056</u>
Total vested benefits	1,745,826,985
Nonvested benefits	<u>14,492,473</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,760,319,458</u></u>

The changes in accumulated plan benefits for the Plan are as follows:

Actuarial present value of accumulated plan benefits as of December 31, 2022 (prior to the effect of the plan mergers):	\$ 160,186,776
Increase (decrease) during the year attributed to:	
Change in actuarial assumptions	272,904
Benefits accumulated and other plan experience	221,932
Plan merger, measured as of December 31 2023	1,599,932,031
Interest	11,576,892
Benefits paid	<u>(11,871,077)</u>
Net change	<u>1,600,132,682</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ 1,760,319,458</u></u>

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

5. Actuarial Assumptions

Significant assumptions used by the Plan's consulting actuaries to estimate the accumulated plan benefits are as follows:

Actuarial cost method	Unit Credit
Assumed rate of return on investments	7.5% per annum
Mortality basis	Pri-2012 (Pri-2012 in the prior year)
Normal retirement plan provision	First of the month coincident with or next following the date a participant attains age 65 or five years of vesting service (three years for cash balance participants)
Cash balance interest crediting rate	NYPH sub-plan: 4.00% (compounded quarterly); Brooklyn sub-plan: 4.00% (compounded monthly; 3.83% in the prior year)
Mortality improvement scale	MP-2021 (MP-2021 in the prior year)

Assumption changes resulted from change in the lump sum conversion interest rates, lump sum conversion mortality, and cash balance interest crediting rate (Brooklyn sub-plan).

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the Plan that would have changed the valuations had they been performed as of December 31, 2023.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated August 13, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes that the Plan, as amended and restated, is qualified and the related trust and Master Trust are tax-exempt.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

6. Tax Status (continued)

GAAP requires plan administrators to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Risks and Uncertainties

The Master Trust invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility and valuation and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Effective January 1, 2009, the IRS issued final regulations for purposes of determining common control for qualified retirement plans sponsored by tax-exempt organizations. In general, tax-exempt entities that are under common control are treated as one entity for certain of the requirements of qualified plans. The regulations determine control based on facts and circumstances; for this purpose, common control would exist if, among other situations, at least 80% of the directors or trustees of one organization were either representatives of, or directly or indirectly controlled by, another organization. These regulations could have an effect on the operations of the Hospital's and its related entities' retirement plans and the responsibilities of those entities for associated liabilities, although such effects are uncertain at this time.

8. Party In Interest Transactions

Certain of the Master Trust's assets are invested in funds managed by the Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements

For the Plan's assets held in its unitized investment program, the Master Trust uses various methods of calculating fair value for its financial assets and liabilities, when applicable. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the reporting entity's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated).

The Master Trust uses a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs that are based on inputs not quoted in active markets but corroborated by market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Plan uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers non-performance risk in its assessment of fair value. As described in Note 2, the Plan records certain investments at fair value based on net asset value.

As a result of the plan mergers, the Legacy Plans' interests in the Master Trust as of December 31, 2023 were transferred to the Plan.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

The Master Trust's financial instruments carried at fair value as of December 31, 2024 are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents ^(a)	\$ 59,095,059	\$ —	\$ —	\$ 59,095,059
Fixed income securities:				
U.S. government bonds and notes	212,052,011	—	—	212,052,011
Equities:				
U.S. equities ^(b)	98,158	—	—	98,158
Non-U.S. equities ^(c)	58,310	—	—	58,310
	\$ 271,303,538	\$ —	\$ —	271,303,538
Assets measured at net asset value:				
Common collective equity funds ^(d)				713,849,221
Hedge funds ^(e)				497,686,783
Private equity ^(f)				669,055,392
Private real assets ^(g)				409,562,268
				\$ 2,561,457,202

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

The Master Trust's financial instruments carried at fair value as of December 31, 2023 are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents ^(a)	\$ 37,055,024	\$ —	\$ —	\$ 37,055,024
Fixed income securities:				
U.S. government bonds and notes	233,076,007	—	—	233,076,007
Equities:				
U.S. equities ^(b)	220,160	—	—	220,160
Non-U.S. equities ^(c)	18,025,635	—	—	18,025,635
	\$ 288,376,826	\$ —	\$ —	288,376,826
Assets measured at net asset value:				
Common collective equity funds ^(d)				659,850,173
Hedge funds ^(e)				421,130,993
Private equity ^(f)				675,268,493
Private real assets ^(g)				388,635,303
				\$ 2,433,261,788

^(a) Cash and cash equivalents, excluding accrued income and amounts due to/from broker.

^(b) Equity portfolios invested in common stock of corporations primarily domiciled in the United States.

^(c) Equity portfolios invested in common stock of corporations primarily domiciled outside the United States, including emerging market countries.

^(d) Common collective equity funds invested in common stock of corporations domiciled in the United States and outside the United States, including emerging market countries.

^(e) Hedge funds include long and short equity, multi-strategy, event driven and relative value funds invested with managers who invest with different strategies and typically employ some leverage. In long and short equity, fund managers create a portfolio of long positions in stocks expected to appreciate over time and short positions in stocks expected to depreciate. Event driven managers create a portfolio designed to profit from corporate events such as mergers, spin-offs, defaults and bankruptcy. Relative value managers invest in long and short positions, but typically have a more neutral net market position than long and short. Multi-strategy is a fund employing a variety of hedge fund strategies.

^(f) Private equity investments include limited partnership investments in funds pursuing strategies in corporate buyouts, venture capital, growth equity, distressed and turnaround investments.

^(g) Real estate, infrastructure, and natural resources investments.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

The following is a description of the valuation methodologies for assets measured at fair value. The fair value methodologies are not necessarily indicators of investment risks but are descriptive of the measures used to arrive at fair value pricing. Fair value for Level 1 is based upon quoted market prices. The valuation for common collective equity funds and alternative investments is described in Note 2. The methods described above may produce a fair value that is not indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The following is a summary of investments (by major class) that have restrictions on the Master Trust's ability to redeem its investments at the measurement date, any unfunded capital commitments and the investment strategies of the investees as of December 31, 2024:

Description of Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common collective equity funds	\$ 713,849,221	\$ —	Weekly to annually	5 to 150 days
Hedge funds	497,686,783	82,787,630	Monthly to annually	30 to 180 days
Private equity	669,055,392	318,702,792	*	*
Private real assets	409,562,268	162,309,739	*	*
	<u>\$ 2,290,153,664</u>	<u>\$ 563,800,161</u>		

* Liquidity restrictions range from several months to seven or more years for certain private equity and private real asset investments depending upon the investment's fund cycle. Liquidity restrictions may apply to all or portions of a particular invested amount.

The Plan has the ability to redeem its investments in the Master Trust on a monthly basis, except for private equity and private real asset investments for which liquidity restrictions apply.

New York-Presbyterian Pension Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

The following is a summary of investments (by major class) that have restrictions on the Master Trust's ability to redeem its investments at the measurement date, any unfunded capital commitments and the investment strategies of the investees as of December 31, 2023:

Description of Investment	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common collective equity funds	\$ 659,850,173	\$ –	Weekly to annually	5 to 150 days
Hedge funds	421,130,993	–	Monthly to annually	30 to 180 days
Private equity	675,268,493	353,068,774	*	*
Private real assets	388,635,303	168,452,816	*	*
	<u>\$ 2,144,884,962</u>	<u>\$ 521,521,590</u>		

* Liquidity restrictions range from several months to seven or more years for certain private equity and private real asset investments depending upon the investment's fund cycle. Liquidity restrictions may apply to all or portions of a particular invested amount.

10. Subsequent Events

Subsequent events have been evaluated through October 14, 2025, which is the date the accompanying financial statements were available to be issued. There were no subsequent events that require disclosure in or adjustment to the financial statements.

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NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Line 26a – Schedule of Active Participants Accruing Benefits

Attained Age	Years of Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp	No.	Avg Comp
Under 25	11	N/A	308	94,781																
25-29	42	62,770	1,597	110,208	366	107,999														
30-34	45	74,840	1,523	106,832	1,184	113,046	137	109,168	1	N/A										
35-39	20	112,302	1,022	109,965	1,000	112,595	520	124,664	152	112,321	2	N/A								
40-44	18	N/A	640	114,632	650	116,632	432	128,121	344	123,989	82	114,898	3	N/A						
45-49	14	N/A	447	125,233	462	121,866	272	134,843	308	132,656	233	134,714	44	118,074	1	N/A				
50-54	6	N/A	364	123,814	376	124,073	218	133,129	263	129,297	261	137,282	142	138,479	45	128,463	3	N/A		
55-59	4	N/A	305	123,865	251	126,263	180	123,144	215	124,165	197	126,784	118	147,336	141	140,453	60	131,889	3	N/A
60-64	5	N/A	219	139,745	202	136,759	156	118,251	166	134,974	165	134,224	109	132,863	134	143,159	123	153,776	37	157,503
65-69	2	N/A	84	149,583	93	128,784	95	126,044	99	126,443	90	135,102	64	135,908	54	157,203	42	142,229	41	128,476
70 & up	1	N/A	34	198,701	23	141,094	30	144,408	40	116,207	29	146,900	21	105,981	15	N/A	16	N/A	40	143,707

New York-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Line 26a – Schedule of Active Participants Accruing Benefits with Cash Balance Data

Attained Age	No.	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up										
		Avg Comp	Avg CB	No.	Avg Comp	Avg CB	No.	Avg Comp	Avg CB	No.	Avg Comp	Avg CB	No.	Avg Comp	Avg CB	No.	Avg Comp	Avg CB	No.	Avg Comp	Avg CB	No.	Avg Comp	Avg CB						
Under 25	5	N/A	N/A	267	97,069	3,385																								
25 to 29	32	67,678	1,805	1,508	111,078	7,867	364	108,321	23,330																					
30 to 34	30	85,508	2,589	1,468	107,612	9,660	1,181	113,199	29,665	137	109,168	44,768	1	N/A	N/A															
35 to 39	15	N/A	N/A	974	111,032	9,912	997	112,833	32,339	518	124,829	63,895	152	112,321	85,842	2	N/A	N/A												
40 to 44	12	N/A	N/A	606	116,034	11,116	648	116,921	33,732	431	128,202	66,587	341	124,730	98,558	82	114,898	114,799	3	N/A	N/A									
45 to 49	9	N/A	N/A	429	126,541	12,271	458	122,488	35,159	271	134,970	67,898	307	132,715	109,068	231	134,668	153,529	44	118,074	174,417	1	N/A	N/A						
50 to 54	4	N/A	N/A	346	126,396	11,914	374	124,551	35,699	216	133,847	71,623	262	129,353	105,075	258	137,670	155,933	138	137,438	212,869	44	130,113	260,758	2	N/A	N/A			
55 to 59	1	N/A	N/A	286	128,317	12,414	248	126,891	38,060	179	123,375	64,053	215	124,165	101,483	196	127,050	156,025	116	148,181	241,062	134	141,404	302,807	57	132,971	336,335	3	N/A	N/A
60 to 64	4	N/A	N/A	209	141,566	14,398	200	137,377	39,563	155	118,807	64,490	166	134,974	109,728	164	133,963	158,554	108	133,710	215,247	129	145,327	306,405	117	153,962	396,092	36	153,472	477,673
65 to 69				83	151,120	15,204	91	130,127	40,613	94	127,303	74,878	93	127,865	118,966	88	134,307	176,197	62	136,382	232,354	51	158,161	330,043	40	143,414	390,350	36	131,562	489,900
70 & up				33	203,830	19,088	23	141,094	42,289	29	148,195	81,925	39	117,215	120,422	27	148,722	186,778	18	N/A	N/A	13	N/A	N/A	16	N/A	N/A	32	142,481	559,702

NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Line 26a – Schedule of Active Participants Not Accruing Benefits with Cash Balance Data

Attained Age	Years of Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg CB	No.	Avg CB	No.	Avg CB	No.	Avg CB	No.	Avg CB	No.	Avg CB	No.	Avg CB	No.	Avg CB	No.	Avg CB	No.	Avg CB
Under 25			6	N/A																
25 to 29			50	6,900	11	N/A	1	N/A												
30 to 34			71	9,624	68	17,773	6	N/A												
35 to 39			61	11,454	72	24,806	37	37,436	9	N/A										
40 to 44			34	11,377	52	24,015	49	46,857	26	46,108	2	N/A								
45 to 49			27	12,324	40	25,545	46	61,172	31	66,723	17	N/A								
50 to 54	1	N/A	27	11,413	19	N/A	21	49,833	29	75,548	18	N/A	6	N/A	1	N/A	1	N/A		
55 to 59			12	N/A	17	N/A	14	N/A	22	52,334	11	N/A	13	N/A	4	N/A				
60 to 64	4	N/A	3	N/A	18	N/A	19	N/A	25	69,851	15	N/A	7	N/A	9	N/A	2	N/A	1	N/A
65 to 69			4	N/A	6	N/A	10	N/A	17	N/A	12	N/A			4	N/A				
70 & up			1	N/A	4	N/A	4	N/A	7	N/A	3	N/A	3	N/A					1	N/A

NewYork-Presbyterian Pension Plan

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Schedule SB, Line 26a – Schedule of Active Participants with Frozen Final Average Pay Benefit Data

Attained Age	Years of Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft	No.	Avg Bft
Under 25																				
25 to 29			18	N/A																
30 to 34	2	N/A	40	2,175	11	N/A														
35 to 39	2	N/A	50	2,452	28	6,869	7	N/A	2	N/A										
40 to 44	7	N/A	61	2,663	31	7,471	22	12,133	10	N/A	2	N/A								
45 to 49	6	N/A	88	2,578	47	6,542	22	12,801	13	N/A	19	N/A	1							
50 to 54	15	N/A	103	2,553	52	7,912	44	11,628	14	N/A	38	7,704	17	N/A	3	N/A	1	N/A		
55 to 59	13	N/A	80	2,483	66	6,110	67	13,144	28	18,051	31	8,402	38	17,071	24	19,035	2	N/A		
60 to 64	14	N/A	72	2,615	66	7,182	62	13,273	53	17,248	38	10,020	29	18,940	26	25,528	8	N/A	2	N/A
65 to 69	3	N/A	29	3,418	28	8,486	21	8,639	11	N/A	14	N/A	6	N/A	7	N/A	5	N/A	1	N/A
70 & up	2	N/A	9	N/A	10	N/A	8	N/A	4	N/A	3	N/A	5	N/A	2	N/A	2	N/A	2	N/A

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding assumptions selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under the applicable provisions of the Internal Revenue Code and associated regulations.

The demographic assumptions are based on an experience study conducted in 2021 covering plan experience from January 1, 2016 through December 31, 2020, as well as the plan sponsor's future expectations. Experience during 2020 was atypical due to the COVID-19 pandemic and the hospital's voluntary retirement offering, so retirement and withdrawal assumptions are based on plan experience through December 31, 2019. Disability rates are based on a standard table and recent experience has not revealed significant gains or losses from the current assumption. The salary increase assumption is based on a review of recent experience from 2016-2020 and the plan sponsor's future expectations of salary increases. The cash balance interest crediting rate assumption is based on the rate in effect for NYPH participants for the current plan year. The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

Use of Models

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan was performed.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year ¹
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.96%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.26%	5.23%
Funding Rates – Unconstrained**		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.93%	3.66%

* Used for minimum funding and benefit restriction purposes.

** Used for ERISA 4010 reporting, PBGC premium and low-default-risk obligation measure purposes.

The interest rates used for funding purposes are the Segment Rates with no month lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables for non-disabled participants mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a fully generational basis using the IRS 2024 Adjusted Scale MP-2021 Rates mortality improvement scale. For disabled NYPH and Westchester participants, mortality is based on the Disabled Mortality Table defined by IRS Notice 2008-29.

IRC Section 417(e) interest and mortality

Interest Rate: Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality: 2024 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2023-73

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including plan administrative expenses expected to be paid from plan assets during the year.

¹ Brooklyn and Westchester groups were based on the IRS full yield curve as of December 2022 for the 2023 plan year but were switched to be based on the segment rates upon the plan merger that occurred during 2023. The NYPH group was based on the segment rates with a 4-month lookback for the 2023 plan year but was switched to the segment rates with no month lookback upon the plan merger that occurred during 2023.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Expenses

Expected administrative expenses were added to the Service Cost and were based on the prior year's non-PBGC plan administrative expenses plus the current year's PBGC premium (\$400,000 for the 2023 valuation and \$6,700,000 for the 2024 valuation).

Salary increases (Union participants)

Current and Prior Year:

The assumed annual rate of future salary increase is 3.00% for union participants.

Salary increases (Non-union participants)

Current Year:

The salary increase assumption is 3.50% plus service-related promotional increases (see below) and an additional 1% salary increase in 2024.

Prior Year:

The salary increase assumption is 3.50% plus service-related promotional increases. Sample rates as follows:

Years of Service	Assumption
5	5.25%
10	5.00%
15	4.75%
20	4.50%
25	4.00%
30	3.50%
35	3.50%
40+	3.50%

Cost-of-living

Current and Future Years: 2.50%

Social Security

Annual increase in maximum wage base: 0.5% above cost-of-living

Cash Balance interest crediting rate

Current and Future Years: 4.50%

NYPH Prior Year: 4.00%

Brooklyn Prior Year: 3.83%

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Marital percentage

	NYPH	Westchester	Brooklyn	Queens
Male	90%	80%	80%	N/A
Female	70%	80%	80%	N/A

Husbands assumed to be older than their wives (years)	NYPH	Westchester	Brooklyn	Queens
	3	3	3	3

Frequency of optional payment forms and timing of benefit commencement (NYPH)

For participants who accrued a benefit under the Defined Benefit Formulas:

- 75% - single life annuity at age 64
- 15% - 50% J&S annuity at age 64
- 10% - 100% J&S annuity at age 64

For participants who accrued a benefit under the Cash Balance formula:

Actives and terminated vesteds age 62 and under:

- 15% - immediate lump sum at termination
- 10% - lump sum one year after termination
- 75% - seven annual installments beginning at age 65

Actives and terminated vesteds age 63-70 ½:

- 40% - immediate lump sum at termination
- 20% - immediate single life annuity at termination
- 10% - immediate 50% J&S annuity at termination
- 15% - lump sum one year after termination
- 15% - lump sum two years after termination in equal annual installments through age 70 ½

Current actives over age 70 ½ are assumed to receive their account balance in seven annual installments.

Current terminated vesteds over age 70 ½ are assumed to receive their account balance in three annual installments.

For participants that commence due to disability, it is assumed that 100% will elect an immediate lump sum.

For retirees with a remaining cash balance, it is assumed they will receive the cash balance immediately as a lump sum.

With the exception of those participants whose Normal Retirement Date is between January 1, 2015 and June 1, 2020, suspension of benefit notices are provided to active participants with an accrued benefit under the Defined Benefit formulas at their Normal Retirement Date. Participants whose Normal Retirement Date is between January 1, 2015 and June 1, 2020 received a notice in June 2020.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Frequency of optional payment forms (Westchester and Queens)

It is assumed that future retirees and terminations will elect the following forms of payment:

Payment Form	Westchester	Queens
Life Annuity	65.00%	30.00%
Lump Sum	0.00%	25.00%
10 Year Certain & Life Annuity	10.00%	10.00%
50% Joint & Survivor Annuity	15.00%	20.00%
75% Joint & Survivor Annuity	0.00%	0.00%
100% Joint & Survivor Annuity	10.00%	15.00%

Frequency of optional payment forms (Brooklyn)

Retirements from active status

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is greater than or equal to \$60,000

- 50% elect a Single Life Annuity, 25% elect a 50% Joint and Survivor Annuity and 25% elect a 100% Joint and Survivor Annuity.

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is less than \$60,000

- 50% elect a Lump Sum payment, 25% elect a Single Life Annuity, 12.5% elect a 50% Joint and Survivor Annuity and 12.5% elect a 100% Joint and Survivor Annuity.

Benefits for Service after June 30, 2003

- 40% elect a Lump Sum payment, 30% elect a Single Life Annuity, 15% elect a 50% Joint and Survivor Annuity, and 15% elect a 100% Joint and Survivor Annuity.

Retirements from terminated vested status

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is greater than or equal to \$60,000

- 50% elect a Single Life Annuity, 25% elect a 50% Joint and Survivor Annuity and 25% elect a 100% Joint and Survivor Annuity, all commencing at age 65.

Benefits for Service prior to July 1, 2003 where present value of pre-July 1, 2003 benefit is less than \$60,000

- 20% elect a Lump Sum payment at termination, 40% elect a Single Life Annuity, 20% elect a 50% Joint and Survivor Annuity and 20% elect a 100% Joint and Survivor Annuity with all annuity elections commencing at age 65.

Benefits for Service after June 30, 2003

- 10% elect a Lump Sum payment payable at termination, 10% elect a Lump Sum payment the year after termination, 30% elect a lump sum at age 65, 25% elect a Single Life Annuity, 12.5% elect a 50% Joint and Survivor Annuity and 12.5% elect a 100% Joint and Survivor Annuity, with all annuity elections at the later of age 65 or age at termination.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Commencement of Benefits (Westchester and Queens)

For current and future deferred vested participants, it is assumed that they will commence their benefit at age 65.

Suspension of benefit notices are provided to active participants at their Normal Retirement Date.

Commencement of Benefits (Brooklyn)

Suspension of benefit notices are provided to active participants at their Normal Retirement Date.

Retirement rates

Age	NYPH	Westchester	Brooklyn	Queens
55	4.00%	3.00%	5.00%	5.00%
56	4.00%	3.00%	5.00%	5.00%
57	4.00%	3.00%	6.00%	5.00%
58	4.00%	3.00%	8.00%	5.00%
59	4.00%	3.00%	11.00%	5.00%
60	5.00%	4.00%	11.00%	5.00%
61	5.00%	4.00%	11.00%	8.00%
62	7.00%	11.00%	11.00%	17.00%
63	7.00%	11.00%	11.00%	10.00%
64	7.00%	11.00%	17.00%	10.00%
65	16.00%	24.00%	20.00%	25.00%
66	16.00%	24.00%	25.00%	25.00%
67	16.00%	24.00%	25.00%	25.00%
68	16.00%	24.00%	25.00%	25.00%
69	16.00%	24.00%	25.00%	25.00%
70	100.00%	100.00%	100.00%	100.00%

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability rates

Age	NYPH		Westchester	Brooklyn		Queens
	Male	Female	Unisex	Male	Female	Unisex
25	0.120%	0.180%	0.020%	0.085%	0.109%	0.100%
30	0.120%	0.180%	0.020%	0.099%	0.140%	0.100%
35	0.130%	0.190%	0.020%	0.124%	0.201%	0.100%
40	0.150%	0.220%	0.030%	0.176%	0.276%	0.100%
45	0.200%	0.300%	0.070%	0.294%	0.400%	0.050%
50	0.360%	0.540%	0.200%	0.540%	0.622%	0.150%
55	0.680%	1.020%	0.440%	0.977%	0.932%	0.300%
56	0.790%	1.190%	0.510%	1.082%	1.000%	0.330%
57	0.930%	1.390%	0.600%	1.187%	1.068%	0.370%
58	1.110%	1.670%	0.700%	1.284%	1.105%	0.510%
59	1.260%	1.890%	0.830%	1.381%	1.142%	0.650%
60	1.380%	2.070%	1.000%	1.477%	1.179%	0.790%
61	1.470%	2.210%	1.200%	1.574%	1.216%	0.930%
62	1.540%	2.310%	1.430%	1.671%	1.253%	1.070%
63	1.600%	2.400%	1.690%	1.671%	1.253%	1.210%
64	1.640%	2.460%	1.990%	1.671%	1.253%	1.350%

Withdrawal rates for active participants not eligible for retirement

Sample rates as follows:

Age	NYPH		Westchester		Brooklyn		Queens	
	0-4 Years	5 Years & Later	0-4 Years	5 Years & Later	0-4 Years	5 Years & Later	0-4 Years	5 Years & Later
20	14.00%	12.00%	14.00%	12.00%	30.00%	30.00%	26.00%	16.00%
25	14.00%	12.00%	14.00%	12.00%	30.00%	18.00%	22.00%	16.00%
30	14.00%	12.00%	14.00%	12.00%	30.00%	17.00%	20.00%	13.00%
35	14.00%	12.00%	14.00%	12.00%	20.00%	16.00%	18.00%	10.00%
40	14.00%	8.00%	10.00%	6.00%	20.00%	10.00%	14.00%	6.00%
45	11.00%	6.00%	7.00%	6.00%	20.00%	9.00%	14.00%	5.00%
50	11.00%	5.00%	7.00%	6.00%	20.00%	6.00%	14.00%	5.00%
54	9.40%	4.20%	7.00%	6.00%	17.00%	6.00%	14.00%	5.00%

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	7.50%	5.59%	5.59%
2023 Expected Return	7.50%	5.74%	5.74%
2022 Expected Return	7.50%	5.92%	5.92%

Miscellaneous

The valuation was prepared on an ongoing plan basis. Therefore, no allowance has been made for certain additional liabilities which may arise if some or all of the units of the employer are closed down. The actuarial assumptions anticipate a modest rate of future inflation. The valuation was based on participants of the Plan as of the valuation date and did not take future participants into account. No provision has been made for contingent liabilities with respect to non-vested terminated participants who may be reemployed.

Summary of Changes from the January 1, 2023 Valuation

- The Brooklyn, Westchester, and NYPH plans were merged into the Queens plan as of 12/31/2023, and the Queens plans always used the segment rates with no lookback. Before the merger, Brooklyn and Westchester used the IRS full yield curve and NYPH used the segment rates with 4-month lookback. As of 1/1/2024, the merged plan used the segment rates with no lookback (no change in method). The segment rates with no lookback, as well as the mortality tables, were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations.
- For non-union employees, the salary increase assumption was updated for an additional 1% salary increase in 2024.
- For the Brooklyn and NYPH groups, the interest-crediting rate used to project the value of future cash balance accounts increased from 3.83% and 4.00%, respectively, to 4.50%. The change is based on the rate in effect for NYPH participants for the current plan year.
- The change in assumptions mentioned above increased the Funding Target by 82.8M.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ **Round off amounts to nearest dollar.**
- ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NewYork-Presbyterian Pension Plan</u>	B Three-digit plan number (PN) ▶	<u>009</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>The New York and Presbyterian Hospital</u>	D Employer Identification Number (EIN) <u>13-3957095</u>	

E Type of plan: Single Multiple-A Multiple-B Other

F Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:		
a Market value	2a	2,378,288,758
b Actuarial value	2b	2,486,934,451

3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	6,846	612,569,347	612,569,347
b For terminated vested participants	12,177	534,274,444	534,274,444
c For active participants	19,984	1,100,858,762	1,112,125,320
d Total	39,007	2,247,702,553	2,258,969,111

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 5.26%

6 Target normal cost		
a Present value of current plan year accruals	6a	104,202,017
b Expected plan-related expenses	6b	6,700,000
c Target normal cost	6c	110,902,017

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>JONATHAN SCHATZ</u> Signature of actuary	<u>9/19/2024</u> Date
	<u>JONATHAN SCHATZ</u> Type or print name of actuary	<u>2307386</u> Most recent enrollment number
	<u>Buck Global, LLC</u> Firm name	<u>212-330-1000</u> Telephone number (including area code)
	<u>420 Lexington Avenue, Suite 2220</u> <u>NEW YORK NY 10170-2220</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	269,459,635
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	269,459,635
10 Interest on line 9 using prior year's actual return of <u>7.72%</u>	0	20,540,510
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.23%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	172,936,822
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	117,063,323

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	104.90%
15 Adjusted funding target attainment percentage.....	15	110.09%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	111.26%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls						
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4 . 75 %	2nd segment: 4 . 96 %	3rd segment: 5 . 59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 66

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 110,902,017

b Excess assets, if applicable, but not greater than line 31a **31b** 110,902,017

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

NewYork-Presbyterian Pension Plan

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Schedule SB – Statement by Enrolled Actuary

In preparing the Schedule SB, I relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

NewYork-Presbyterian Pension Plan

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Schedule SB, Lines 7-13 – Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding Balance

Effective December 31, 2023, The New York and Presbyterian Hospital Retirement Plan, the Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital, and the NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan were merged with and into the Plan. The exhibit below reconciles the funding balances from the funding balances shown on the prior year Schedule SB to the final funding balances as of January 1, 2024 reflecting the plan merger.

	COB	PFB	Total
A. Funding Balances as of January 1, 2023	\$ 0	\$ 50,046,639	\$ 50,046,639
B. Portion elected to satisfy 2023 Minimum Required Contribution	\$ 0	\$ 0	\$ 0
C. Remaining balance [A. - B.]	\$ 0	\$ 50,046,639	\$ 50,046,639
D. 2023 rate of return on market value	7.72%	7.72%	7.72%
E. Interest [C. x D.]	\$ 0	\$ 3,863,601	\$ 3,863,601
F. Addition to PFB as of January 1, 2024			
1. Prior year Minimum Required Contribution (MRC)		\$ 0	\$ 0
2. Funding Balances applied toward MRC [B. Total]		\$ 0	\$ 0
3. Additional cash requirement [1. - 2., not less than \$0]		\$ 0	\$ 0
4. Discounted value of employer contributions		\$ 0	\$ 0
5. Total excess contributions [4. - 3., not less than \$0]		\$ 0	\$ 0
6. Excess contributions subject to market rate [2., not more than the lesser of 1. and 5.]		\$ 0	\$ 0
7. Excess contributions subject to Effective Interest Rate [5. - 6., not less than \$0]		\$ 0	\$ 0
8. Prior year Effective Interest Rate		5.23%	5.23%
9. a. Interest at Effective Interest Rate [7. x 8.]		\$ 0	\$ 0
b. Interest at market rate [6. x D.]		\$ 0	\$ 0
10. Total available to add to PFB [5. + 9.a + 9.b.]		\$ 0	\$ 0
11. Amount of excess elected to be added to PFB		\$ 0	\$ 0
G. Funding Balances as of January 1, 2024, before Plan merger and surrender [C. + E. + F.11]	\$ 0	\$ 53,910,240	\$ 53,825,160
H. Amount added due to Plan merger	\$ 0	\$ 236,089,905	\$ 236,089,905
I. Amount surrendered	\$ 0	\$ 172,936,822	\$ 172,936,822
J. Funding Balances as of January 1, 2024 [G. + H. - I.]	\$ 0	\$ 117,063,323	\$ 117,063,323

NewYork-Presbyterian Pension Plan

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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	5,882.7558	0.0365	214.8919	11,819.0549
56	5,940.6633	0.0366	217.1455	12,160.1485
57	6,028.6748	0.0397	239.1556	13,631.8692
58	6,072.1788	0.0408	248.0085	14,384.4948
59	6,106.6750	0.0425	259.6226	15,317.7323
60	6,094.5959	0.0513	312.3587	18,741.5200
61	6,017.1776	0.0528	317.5242	19,368.9741
62	5,944.4257	0.0778	462.7173	28,688.4743
63	5,697.0833	0.0746	424.9259	26,770.3338
64	5,427.6836	0.0779	422.6192	27,047.6303
65	5,160.1938	0.1707	880.9431	57,261.2986
66	4,471.8550	0.1721	769.6249	50,795.2426
67	3,853.5609	0.1711	659.4648	44,184.1444
68	3,311.9733	0.1709	566.0290	38,489.9737
69	2,833.6277	0.1702	482.3233	33,280.3053
70	2,420.2695	0.9933	2,404.0487	168,283.4099
71	85.0571	0.8949	76.1177	5,404.3550
72	67.2957	0.8188	55.1025	3,967.3787
73	41.4270	0.9109	37.7365	2,754.7675
74	43.4306	0.8618	37.4306	2,769.8620
75	23.6971	0.8775	20.7949	1,559.6162
76	22.7572	0.9206	20.9500	1,592.1986
77	14.7148	0.8738	12.8574	990.0208
78	9.7137	0.8236	8.0000	624.0000
79	7.5791	0.7611	5.7685	455.7139
80	7.6964	1.0000	7.6964	615.7152
81	5.0000	1.0000	5.0000	405.0000
82	4.0000	0.7500	3.0000	246.0000
83	1.9359	0.5166	1.0000	83.0000
84	0.8708	0.0000	0.0000	0.0000
85	0.8041	0.0000	0.0000	0.0000
86	1.7353	1.0000	1.7353	149.2385
Total			9,174.5931	601,841.4733
Weighted Average Retirement Age = 601,841.4733 / 9,174.5931				65.60
Rounded Weighted Average Retirement Age				66

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	\$ 40,827,109	\$ 44,206,537	\$ 64,319,785	\$ 149,353,431
2025	\$ 56,029,291	\$ 32,255,078	\$ 62,009,991	\$ 150,294,360
2026	\$ 60,449,815	\$ 31,990,843	\$ 59,843,769	\$ 152,284,427
2027	\$ 64,063,762	\$ 22,400,312	\$ 57,588,884	\$ 144,052,958
2028	\$ 67,362,591	\$ 23,301,537	\$ 55,230,666	\$ 145,894,794
2029	\$ 70,190,120	\$ 23,708,498	\$ 52,834,093	\$ 146,732,711
2030	\$ 72,246,135	\$ 24,733,569	\$ 50,372,105	\$ 147,351,809
2031	\$ 64,254,418	\$ 25,997,376	\$ 47,812,389	\$ 138,064,183
2032	\$ 66,379,725	\$ 26,956,158	\$ 45,242,008	\$ 138,577,891
2033	\$ 66,466,309	\$ 28,070,479	\$ 42,661,690	\$ 137,198,478
2034	\$ 65,618,638	\$ 29,071,139	\$ 40,096,132	\$ 134,785,909
2035	\$ 67,131,865	\$ 29,513,397	\$ 37,540,927	\$ 134,186,189
2036	\$ 67,764,919	\$ 31,131,609	\$ 34,974,073	\$ 133,870,601
2037	\$ 67,590,179	\$ 31,097,640	\$ 32,445,113	\$ 131,132,932
2038	\$ 66,967,994	\$ 31,246,677	\$ 29,961,495	\$ 128,176,166
2039	\$ 67,322,573	\$ 31,905,131	\$ 27,510,377	\$ 126,738,081
2040	\$ 68,334,480	\$ 32,510,062	\$ 25,139,214	\$ 125,983,756
2041	\$ 67,632,941	\$ 32,982,575	\$ 22,839,835	\$ 123,455,351
2042	\$ 67,840,189	\$ 33,656,699	\$ 20,623,596	\$ 122,120,484
2043	\$ 68,040,205	\$ 33,026,245	\$ 18,501,254	\$ 119,567,704
2044	\$ 67,081,207	\$ 34,316,377	\$ 16,482,944	\$ 117,880,528
2045	\$ 67,513,374	\$ 34,503,205	\$ 14,578,015	\$ 116,594,594
2046	\$ 68,490,291	\$ 35,466,835	\$ 12,794,858	\$ 116,751,984
2047	\$ 68,966,610	\$ 35,709,218	\$ 11,140,774	\$ 115,816,602
2048	\$ 68,526,792	\$ 36,709,503	\$ 9,621,651	\$ 114,857,946
2049	\$ 68,815,629	\$ 37,195,692	\$ 8,241,538	\$ 114,252,859
2050	\$ 69,473,284	\$ 38,725,866	\$ 7,002,206	\$ 115,201,356
2051	\$ 69,198,870	\$ 39,225,400	\$ 5,902,757	\$ 114,327,027
2052	\$ 69,180,254	\$ 39,009,623	\$ 4,939,664	\$ 113,129,541
2053	\$ 68,247,734	\$ 39,115,546	\$ 4,106,946	\$ 111,470,226
2054	\$ 68,225,719	\$ 38,753,536	\$ 3,396,416	\$ 110,375,671
2055	\$ 67,909,793	\$ 37,376,278	\$ 2,798,157	\$ 108,084,228
2056	\$ 64,727,934	\$ 35,816,863	\$ 2,300,991	\$ 102,845,788
2057	\$ 61,929,991	\$ 32,448,459	\$ 1,893,038	\$ 96,271,488
2058	\$ 59,631,326	\$ 30,039,688	\$ 1,562,260	\$ 91,233,274
2059	\$ 56,408,815	\$ 26,858,277	\$ 1,296,901	\$ 84,563,993
2060	\$ 52,395,596	\$ 23,303,225	\$ 1,085,869	\$ 76,784,690
2061	\$ 47,942,461	\$ 19,296,815	\$ 919,039	\$ 68,158,315
2062	\$ 42,720,175	\$ 15,339,942	\$ 787,458	\$ 58,847,575
2063	\$ 37,590,106	\$ 12,040,171	\$ 683,436	\$ 50,313,713
2064	\$ 32,288,066	\$ 9,316,553	\$ 600,565	\$ 42,205,184
2065	\$ 26,563,977	\$ 7,030,168	\$ 533,646	\$ 34,127,791
2066	\$ 20,803,386	\$ 5,252,852	\$ 478,576	\$ 26,534,814
2067	\$ 16,411,898	\$ 4,005,350	\$ 432,196	\$ 20,849,444
2068	\$ 12,702,593	\$ 3,020,961	\$ 392,142	\$ 16,115,696
2069	\$ 9,952,918	\$ 2,546,344	\$ 356,710	\$ 12,855,972
2070	\$ 8,231,907	\$ 2,213,846	\$ 324,725	\$ 10,770,478
2071	\$ 6,888,194	\$ 1,989,399	\$ 295,403	\$ 9,172,996
2072	\$ 5,974,404	\$ 1,785,016	\$ 268,229	\$ 8,027,649
2073	\$ 5,334,670	\$ 1,600,794	\$ 242,891	\$ 7,178,355

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions

Summary of Main Provisions for NewYork-Presbyterian Pension Plan

The following summary describes the main participation, benefit, and contribution provisions of the Amended and Restated Plan effective January 1, 2024.

Effective December 31, 2023, the Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital, the NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan, and The New York and Presbyterian Hospital Retirement Plan were merged into the NewYork-Presbyterian Queens Retirement Plan, which was subsequently renamed "NewYork-Presbyterian Pension Plan" (the "Plan").

As merged, the Plan is composed of four separate parts:

- Part 1: the Plan Provisions for NYPH (benefits provided under the plan formerly known as The New York and Presbyterian Hospital Retirement Plan)
- Part 2: the Plan Provisions for Westchester (benefits provided under the plan formerly known as Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital)
- Part 3:the Plan Provisions for Brooklyn (benefits provided under the plan formerly known as Employees at NewYork-Presbyterian Brooklyn Methodist Hospital)
- Part 4:the Plan Provisions for Queens (benefits provided under the plan formerly known as Employees at NewYork-Presbyterian Queens)

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH

Effective January 1, 2000, the New York Hospital and Columbia Presbyterian Pension Plans were merged and restated as New York-Presbyterian Hospital Retirement Plan. In addition to the merger, New York-Presbyterian Hospital amended the Retirement Plan such that participants who were members of the Prior Presbyterian Hospital Pension Plan as of December 31, 1999 were given a choice to earn benefits under the defined benefit formula or the cash balance formula. In addition, certain plan provisions, such as the definitions of service and compensation, were harmonized as of January 1, 2000. The Plan was amended and restated as of January 1, 2011 to reflect all prior amendments and update the Plan name to The New York and Presbyterian Hospital Retirement Plan. Effective January 1, 2018, non-grandfathered non-union employees of NewYork-Presbyterian Lawrence Hospital (now known as NewYork-Presbyterian Westchester Hospital) are eligible to participate in the Plan under the cash balance formula with service under the Employees' Retirement Plan of NewYork-Presbyterian Lawrence Hospital (known as Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital immediately prior to the December 31, 2023 plan merger) counted for benefit and eligibility purposes. Effective January 1, 2019, certain employees of Kings Physician Services, P.C. are eligible to participate under the cash balance formula with service with MSO of Kings County, LLC counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with MSO of Kings County, LLC). Effective July 1, 2021, Hudson Valley Medical Group employees are eligible to participate under the cash balance formula with service since January 26, 2015 counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with Hudson Valley Medical Group prior to July 1, 2021).

Active participants earn benefits under one of the following three formulas:

Final average pay formula based on the prior New York Hospital Plan;

Final average pay formula based on the prior Presbyterian Hospital Plan; and

Cash balance formula based on the prior New York Hospital Plan.

Definitions

Prior New York Hospital Final Average Pay Formula

Years of Vesting Service

Vesting Service is credited on an elapsed time basis for full-time and part-time employees. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Vesting Service.

Years of Creditable Service

A Year of Creditable Service is a Plan Year during which an employee is employed at the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Creditable Service. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Creditable Service. Years of Creditable Service are limited to 35 years, unless the Participant was age 40 and had completed 10 Years of Creditable Service as of January 1, 1984.

Final Average Compensation

Final Average Compensation means twelve times the average of a participant's monthly compensation in respect to the 60 consecutive months out of the last 120 consecutive months (or such lesser period as an employee) which produces the highest average.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Prior Presbyterian Hospital Final Average Pay Formula

Years of Vesting Service

Prior to January 1, 2000, a Year of Vesting Service is equal to a Plan Year during which an employee is credited with 150 Hours of Service. Effective January 1, 2000, Vesting Service is credited on an elapsed time basis for full-time and part-time employees. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Vesting Service.

Years of Employment

A Year of Employment is a Plan Year during which an employee is employed at the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Employment.

Years of Creditable Service

Prior to January 1, 2000, a Year of Creditable Service is the same as a Year of Employment. Effective January 1, 2000, a Year of Creditable Service is a Plan Year during which an employee is employed by the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Creditable Service. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Creditable Service.

Final Average Compensation

Prior to January 1, 2000, Final Average Compensation is equal to the average of a participant's annual compensation in respect to the five consecutive Plan Years (or such lesser period as an employee) which produces the highest average. Effective January 1, 2000, Final Average Compensation means twelve times the average of a participant's monthly compensation in respect to the 60 consecutive months out of the last 120 consecutive months (or such lesser period as an employee) which produces the highest average. Final Average Compensation is not less than the Final Average Compensation for a participant at December 31, 1999.

Cash Balance Provisions

Years of Vesting Service

Vesting Service is credited on an elapsed time basis for full-time and part-time employees. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Vesting Service.

Years of Creditable Service

A Year of Creditable Service is a Plan Year during which an employee is employed at the Hospital throughout the calendar year. If the employee's employment begins or is terminated during a Plan Year, the employee will be credited with a fractional Year of Creditable Service. Casual employees must work at least 1,000 hours in a calendar year to receive a Year of Creditable Service.

Participation in Plan

Each individual who was not a member on April 1, 1993 shall become a member upon completion of a consecutive twelve-month period of employment. Full-time and part-time employees become participants on the first of the month following their first anniversary of employment. Casual employees become a participant on their first anniversary of employment if they complete 1,000 hours in that year. If they fail to complete 1,000 hours in that year, then they will become a participant at the end of the first plan year in which he or she completes 1,000 hours.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits

Prior New York Hospital Final Average Pay Formula

Eligibility

All prior New York Hospital Plan participants as of June 30, 1992 who did not elect to earn benefits under the cash balance formula. Certain designated members may have opted out of this benefit formula.

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 65 or five Years of Vesting Service.

Benefits

An annual pension payable monthly for life equal to 1-2/3% of the member's Final Average Compensation, multiplied by the member's Years of Creditable Service, less 1-1/2% of the Primary Insurance Amount multiplied by the member's Years of Creditable Service, but limited to 50%.

Early Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 55 or five Years of Vesting Service.

Benefits

If payable at normal retirement date, same formula as for normal retirement except that service is credited only to early retirement date.

If payable prior to normal retirement date, same as above, but reduced by 1/15th for each of the first five years that the early retirement date precedes the normal retirement date and by 1/30th for each of the next five years.

Deferred Retirement Benefit

Eligibility

Retirement after participant's normal retirement date.

Benefits

The benefit is based upon service and salary at actual retirement date.

Disability Retirement Benefit

Eligibility

Five Years of Vesting Service and totally and permanently disabled.

Benefits

The normal benefit payable at normal retirement date, computed by using final average pay and years of service at disability.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits (continued)

Prior New York Hospital Final Average Pay Formula (continued)

Death Benefit

Eligibility

Five Years of Vesting Service on date of death.

Benefits before Retirement

For participants with at least five Years of Vesting Service but less than 25 Years of Vesting Service on their date of death:

One half of monthly pension calculated by using pay and service as of the participant's date of death and reduced for the 50% Joint and Survivor annuity. If the benefit begins before the participant's Normal Retirement Date, it is reduced for early commencement.

For participants with 25 or more Years of Vesting Service or who are age 55 with 10 or more Years of Vesting Service on their date of death:

If the beneficiary is the participant's spouse or dependent parents, then an annuity based on pay and service as of the participant's date of death, reduced for the 100% Joint and Survivor annuity, and not reduced for early commencement, is payable.

Benefits after Retirement

Qualified 50% Joint and Survivor Annuity provided to married members (unless waived with spousal consent), otherwise none unless an optional form of retirement benefit provides for a survivor benefit.

Normal Form of Benefit

Life annuity actuarially adjusted to 50% joint and survivor annuity if member is married.

Optional Forms of Benefit

- (a) Single life annuity (available to married members in lieu of normal form).
- (b) 5 year certain and life annuity.
- (c) 10 year certain and life annuity.
- (d) 15 year certain and life annuity.
- (e) 50% joint and survivor annuity.
- (f) 75% joint and survivor annuity.
- (g) 100% joint and survivor annuity.
- (h) 100% joint and survivor annuity with 10 years certain.
- (i) Social Security level income annuity.

Vesting

Participants who terminate after completing five Years of Vesting Service are entitled to benefits accrued to date of termination.

Eligibility

All prior Presbyterian Plan participants as of December 31, 1999 who did not elect to earn benefits under the cash balance formula.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits (continued)

Prior Presbyterian Hospital Final Average Pay Formula

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 65 or five Years of Vesting Service.

Benefits

An annual pension payable monthly for life equal to 1.7% of the member's Final Average Compensation, multiplied by the member's Years of Creditable Service, less 1.35% of the Primary Insurance Amount multiplied by the member's Years of Creditable Service.

Early Retirement Benefit

Eligibility

First of the month following member's 55th birthday and completion of five Years of Vesting Service.

Benefits

If payable at normal retirement date, same formula as for normal retirement except that service is credited only to early retirement date.

If payable prior to normal retirement date, same as above, but reduced 4% for each year that the early retirement date precedes the normal retirement date.

Deferred Retirement Benefit

Eligibility

Retirement after participant's normal retirement date.

Benefits

The benefit is based upon service and salary at actual retirement date.

Disability Retirement Benefit

Eligibility

First of the month coincident with or next following the attainment of age 55, if not eligible for Early Retirement, and is, in the opinion of the Plan Administrator, permanently incapacitated.

Benefits

The normal benefit payable at normal retirement date, computed by using final average pay and years of service at disability.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits (continued)

Prior Presbyterian Hospital Final Average Pay Formula (continued)

Death Benefit

Eligibility

Five Years of Vesting Service on date of death.

Benefits before Retirement

One half of monthly pension calculated by using pay and service as of the participant's date of death and reduced for the 50% Joint and Survivor annuity. If the benefit begins before the participant's Normal Retirement Date, it is reduced for early commencement.

Benefits after Retirement

Qualified 50% Joint and Survivor Annuity provided to married members (unless waived with spousal consent), otherwise none unless an optional an optional form of retirement benefit provides for a survivor benefit.

Normal Form of Benefit

Life annuity actuarially adjusted to 50% joint and survivor annuity if member is married.

Optional Forms of Benefit

- (a) Single life annuity (available to married members in lieu of normal form).
- (b) 5 year certain and life annuity.
- (c) 10 year certain and life annuity.
- (d) 15 year certain and life annuity.
- (e) 50% joint and survivor annuity.
- (f) 75% joint and survivor annuity.
- (g) 100% joint and survivor annuity.
- (h) 100% joint and survivor annuity with 10 years certain.
- (i) Social Security level income annuity.

Vesting

Participants who terminate after completing five Years of Vesting Service are entitled to benefits accrued to date of termination.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits (continued)

Cash Balance Provisions

Eligibility

- (a) Prior New York Hospital Plan participants as of June 30, 1992 who elected to earn benefits under the cash balance formula.
- (b) Prior New York Hospital Plan participants who became participants after June 30, 1992.
- (c) Prior Presbyterian Hospital Plan participants as of December 31, 1999 who elected to earn benefits under the cash balance formula.
- (d) All other participants becoming members after December 31, 1999.
- (e) Effective January 1, 2009, participants in the New York-Presbyterian Hospital Annuity Pension Plan (HAPP), became participants in the Plan, with service under the HAPP counted for benefit and eligibility purposes.
- (f) Effective January 1, 2018, non-grandfathered non-union employees of NewYork-Presbyterian Lawrence Hospital are eligible to participate in the Plan under the cash balance formula with service under the Employees' Retirement Plan of NewYork-Presbyterian Lawrence Hospital counted for benefit and eligibility purposes.
- (g) Effective January 1, 2019, certain employees of Kings Physician Services, P.C. are eligible to participate under the cash balance formula with service with MSO of Kings County, LLC counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with MSO of Kings County, LLC).
- (h) Effective July 1, 2021, Hudson Valley Medical Group employees are eligible to participate under the cash balance formula with service since January 26, 2015 counted for benefit and eligibility purposes (provided that no participant shall receive more than one year of benefit service for service with Hudson Valley Medical Group prior to July 1, 2021).

New York-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits (continued)

Cash Balance Provisions (continued)

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 65 or three Years of Vesting Service.

Benefits

Annuity equivalent to an account that is comprised of:

1. The initial account balance which is equal to the present value of the accrued benefit as of December 31, 1992 for prior New York Hospital Plan participants or as of December 31, 1999 for prior Presbyterian Hospital Plan participants.
2. An annual allocation, determined at the end of the year or termination, whichever is earlier, equal to:

Years of Creditable Service	Annual Cash Balance Credit as a Percentage of Pay
Less than 1 year	0%
1 to 4 years	5%
5 to 9 years	6%
10 to 14 years	7%
15 to 19 years	8%
20 or more years	10%

In addition, for prior New York Hospital Plan participants on June 30, 1992 who elected to earn benefits under the cash balance formula, the annual allocations for service of 20 years or more will be as follows:

Years of Creditable Service	Annual Cash Balance Credit as a Percentage of Pay
20 to 24 years	10%
25 to 29 years	12%
30 or more years	15%

3. A quarterly interest credit credited at the earlier of the end of each calendar quarter or date of termination. The rate of interest shall equal the average yield on 10-year Treasury Constant Maturities for the second preceding month to the quarter, but no less than an annualized 4%.

Early Retirement Benefit

Eligibility

First of the month coincident with or next following the later of the attainment of age 55 or three Years of Vesting Service.

Benefits

The benefit is based upon the participant's account balance at actual retirement date.

NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits (continued)

Cash Balance Provisions (continued)

Deferred Retirement Benefit

Eligibility

Retirement after participant's normal retirement date.

Benefits

The benefit is based upon the participant's account balance at actual retirement date.

Disability Retirement Benefit

Eligibility

Three Years of Vesting Service and totally and permanently disabled.

Benefits

The annuity actuarially equivalent to the participant's account balance earned up to disablement. For prior New York Hospital Plan participants, the amount may not be less than the disability benefit earned as of December 31, 1992.

Death Benefit

Eligibility

Three or more Years of Vesting Service.

Benefits

100% of account balance.

Normal Form of Benefit

Life annuity actuarially adjusted to 50% joint and survivor annuity if member is married.

Optional Forms of Benefit

- (a) Single life annuity (available to married members in lieu of normal form).
- (b) 5 year certain and life annuity.
- (c) 10 year certain and life annuity.
- (d) 15 year certain and life annuity.
- (e) 50% joint and survivor annuity.
- (f) 75% joint and survivor annuity.
- (g) 100% joint and survivor annuity.
- (h) 100% joint and survivor annuity with 10 years certain.
- (i) Social Security level income annuity.
- (j) Lump sum.
- (k) Partial withdrawal of at least \$1,000.

NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 1 - Summary of Plan Provisions for NYPH (continued)

Benefits (continued)

Cash Balance Provisions (continued)

Vesting

Participants who terminate after completing three Years of Vesting Service are entitled to benefits accrued to date of termination.

Summary of Changes from the January 1, 2023 Valuation

Effective December 31, 2023, The New York and Presbyterian Hospital Retirement Plan was merged with and into the NewYork-Presbyterian Pension Plan, with all assets and liabilities of the plan transferred to and owned by The New York and Presbyterian Hospital as of such date.

NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 2 - Summary of Plan Provisions for Westchester

Continuous Service

Service as an employee, based on 1,000 hours for part-time employees.

Credited Service

Effective January 1, 2006 Credited Service will equal Continuous Service from date of hire. Former LCHS employees earn Credited Service from the later of Continuous Service from the date of hire or January 1, 2001.

Membership

Age 21 and one year of Continuous Service.

Average Final Compensation

Annual average of the highest 60 consecutive months of pay during the last 120 months of service.

Normal Retirement Allowance

Eligibility

Age 65 and five years of service.

Allowance

The greater of the "Regular" benefit or the "Core" benefit.

The Regular benefit is 1.35% of Average Final Compensation not greater than the Social Security Covered Compensation plus 2% of average final compensation in excess of such Covered Compensation multiplied by years of credited service.

(For participants as of 12/31/93 whose compensations are limited by the new \$150,000 limitation the above benefit is not to be less than above formula using current average final compensation times service after 1/1/94 plus the accrued benefit as of 12/31/93 using the \$200,000 as indexed compensation limitation.)

Above sum not to be less than the benefit accrued as of 1/1/91 (1/1/89 for super highly compensated participants) under prior plan formula.

The Core benefit is the sum of (i), (ii) and (iii).

- i. The frozen "Regular" benefit as of December 31, 2000.
plus
- ii. 0.65% of 2000 compensation not greater than \$250, multiplied by years of Credited Service prior to January 1, 2001
plus
- iii. 1.76% of Average Final Compensation multiplied by years of Credited Service after December 31, 2000.

Effective December 31, 2017, benefits are frozen for most non-union participants. Non-union participants who are at least age 59 with 10 years of credited service as of that date will be grandfathered and continue to accrue benefits.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 2 - Summary of Plan Provisions for Westchester (continued)

Effective December 31, 2019, benefits are frozen for participants in the 1199 union. Participants in the Local 30 union will continue to accrue benefits.

Early Retirement Allowance

Eligibility

Age 55 and 10 years of Credited Service.

Allowance

Normal retirement allowance deferred to age 65 based on compensation and credited service at time of early retirement or an immediate benefit equal to the greater of the Normal Retirement Allowance determined under Regular benefit above reduced for months between commencement date and age 65 based upon the following table or the Normal Retirement Allowance determined under the Core benefit reduced by 6% for each year between commencement date and age 65. No reduction applies to the Core benefit for those who retire on or after age 62 with at least 20 years of continuous service.

Age	Early Retirement Factor
55	.46830
56	.50160
57	.53800
58	.57790
59	.62170
60	.66980
61	.72290
62	.78170
63	.84680
64	.91920
65	1.00000

Disability Retirement Allowance

Eligibility

15 years of Credited Service.

Allowance

An actuarially reduced normal retirement allowance based on compensation and credited service at time of disability, commencing on first day of month following disability increasing to the unreduced benefit upon receipt of a social security disability award

or

benefit commencing at age 65 based on additional credited service for the period beginning on date of disability and ending on earlier of age 65 or cessation of disability.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 2 - Summary of Plan Provisions for Westchester (continued)

Vested Retirement Allowance

Eligibility

Five years of Continuous Service after age 18.

Allowance

Normal retirement allowance deferred to age 65 based on compensation and credited service at time of termination.

Spouse's Allowance

Eligibility

Death after eligibility for vested allowance.

Allowance

The surviving spouse shall receive one-half of the benefit the member would have received had he retired immediately before his date of death and elected to commence benefits, as a 50% Joint and Survivor Annuity at the earliest possible date.

Normal Form of Payment

Single

Life annuity.

Married

Reduced 50% joint and survivorship annuity.

Optional Forms of Payment

1. Life annuity.
2. 100% joint and survivorship annuity.
3. 75% joint and survivorship annuity.
4. 50% joint and survivorship annuity.
5. 10-year certain and life thereafter.

Increase in Pensions

Effective January 1, 1998 benefits to current retirees and beneficiaries on the pension rolls as of January 1, 1996 were increased by:

1-1/2% of current pension for each year of retirement, up to a maximum of \$50 per month or 15% of current pension. The minimum is \$25 per month for those who retired before 1991 and \$15 per month for those who retired between 1991 and 1995.

Effective January 1, 1988 benefits to retirees and beneficiaries on the pension rolls as of January 1, 1986 were increased by: 1-1/2% of current pension for each year of retirement, up to a maximum of \$40 per month. The minimum is \$25 per month for those who retired before 1981 and \$15 per month for those who retired between 1982 and 1986.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 2 - Summary of Plan Provisions for Westchester (continued)

Contributions

Paid by the Hospital.

Summary of Changes from the January 1, 2023 Valuation

Effective December 31, 2023, the Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital was merged with and into the NewYork-Presbyterian Pension Plan, with all assets and liabilities of the plan transferred to and owned by The New York and Presbyterian Hospital as of such date.

NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - Summary of Plan Provisions for Brooklyn

NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan became effective on January 1, 1962. Effective July 1, 2003, the formula used to calculate retirement benefits changed from a final average earnings formula to a cash balance formula. In addition, effective July 1, 2003, nurses are no longer covered by this plan and their accrued benefits were frozen. The following summary describes the main participation, benefit, and contribution provisions of the Plan as interpreted for the valuation.

Definitions

Earnings

Compensation received from the Hospital including experience differential for Nurses and excluding bonuses, overtime pay, shift, education or certification differentials, premiums, commissions, fees, housing, living, or uniform allowances, or other special compensation.

Final Average Earnings

For participants whose age plus years of Vesting Service under the Plan is equal to or greater than 60 as of December 31, 2003, the highest average Earnings for 60 consecutive calendar months within the last 120 months of service. For all other employees, this is calculated using an average of the 60 highest-paid consecutive months from the last 120 months of employment as of June 30, 2003.

Vesting Service

One year of Vesting Service for each 971-hour calendar year.

Benefit Accrual Service

Prior to 1/1/1982

One month of Benefit Accrual Service for each month in which 100 Hours of Service is completed. 1,000 Hours of Service must be earned in Plan Year.

Between 1/1/1982 and 12/31/1988

Greater of:

(a) One month of Benefit Accrual Service for each month in which 80 Hours of Service is completed.

(b) 1,000 Hours of Service in Plan Year = six months grading to 1,792 Hours of Service = 12 months.

After 1/1/1989 and prior to 6/30/2003

One month of Benefit Accrual Service for each 1/12th of year of service. No service will accrue after June 30, 2003.

Cash Balance Account

The hypothetical account maintained for benefits earned after June 30, 2003. This account is credited monthly with Pay-Based Credits and Interest Credits.

Pay-Based Credits

As of the last day of each month starting with July 2003, the participant's Cash Balance Account will be credited with 6% of monthly Earnings. The president, vice president and chairmen of the New York-Presbyterian Brooklyn Methodist Hospital will be credited with 8%. No pay-based credits were earned for the period January 1, 2009 through December 31, 2009.

NewYork-Presbyterian Pension Plan

EIN/PN: 13-3957095 / 009

Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - Summary of Plan Provisions for Brooklyn

Interest Credits

As of the last day of each month starting with July 2003, the participant's unpaid Cash Balance Account will be credited with interest at 1/12 of the annual crediting rate in effect for the calendar year.

Benefits for Service Prior to July 1, 2003

Normal and Late Retirement Benefits

Condition for Benefit

The first of the month coincident with or next following the later of attainment of age 65 and the completion of five years of participation.

Amount of Benefit

For each year of Benefit Accrual Service prior to June 1, 1984, 1.35% of Final Average Earnings, plus, for each year of Benefit Accrual Service from June 1, 1984 to January 1, 1988, 1.45% of Final Average Earnings, plus, 1.6% of Final Average Earnings for each year of Benefit Accrual Service after January 1, 1988, and prior to June 30, 2003. For retirements prior to January 1, 1988, the pension benefit is based on the plan in effect at date of termination. Active participants retiring after the April 1 following the calendar year they turn age 70 ½ and deferred vested participants commencing after their Normal Retirement Date receive actuarial increases in accordance with the plan document.

Early Retirement Benefit

Condition for Benefit

Each participant may elect an early retirement benefit provided that he is within 10 years of his Social Security Retirement Age. Participants employed after June 30, 1973 must complete 10 years of vesting service and be within 10 years of their Social Security Retirement Age.

Amount of Benefit

The annual early retirement benefit, if deferred, is payable at age 65 and is computed as for normal retirement but based upon service and compensation to earlier of the date of early retirement. The participant may elect instead an immediate early retirement benefit reduced 1/15 for each of the first five years and 1/30 for each of the next five years by which actual retirement precedes his Social Security Normal Retirement Date with no reduction beginning at age 65.

Deferred Vested Benefit

Condition for Benefit

All participants who terminate employment after completing 3 years of vesting service or reaching normal retirement age, whichever occurs first.

For active participants as of December 31, 1985, the benefit accrued prior to January 1, 1986 is fully vested.

Amount of Benefit

The participant's benefit described in Normal and Late Retirement Benefits above, based on Benefit Accrual Service and Final Average Earnings at termination. A participant who has satisfied the service requirement for an Early Retirement Benefit and who subsequently satisfies the age requirement for an Early Retirement Benefit may elect to receive his Deferred Vested Benefit reduced in the same manner as an Early Retirement Benefit.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - Summary of Plan Provisions for Brooklyn (continued)

Disability Retirement Benefit

Condition for Benefit

A participant may retire from this plan if he becomes totally and permanently disabled and is in receipt of, or is determined to be eligible for receipt of, disability payments from Social Security. In addition, if employed after June 30, 1973, then he must have completed 10 years of vesting service.

Amount of Benefit

The annual retirement benefit shall be computed as for normal retirement but based upon compensation and service at the time of disability retirement. Benefit is payable immediately.

Pre-Retirement Spousal Death Benefit

Condition for Benefit

Paid to the surviving spouse of a participant who dies after meeting the conditions for a Deferred Vested Benefit.

Amount of Benefit

- (a) If eligible for early retirement, the amount which would have been payable to the spouse had the participant retired on the first day of the month in which his death occurred, having elected a 50% joint and survivor annuity. Monthly payments will begin as of the first day of the month following the participant's death and will continue for the life of the spouse.
- (b) If not eligible for early retirement, the amount which would have been payable to the spouse had the participant terminated on the day he dies, survived to his earliest retirement age, retired (having elected a 50% joint and survivor annuity) and then died the day after retirement. Monthly payments will begin on what would have been the participant's earliest retirement date and will continue for the life of the spouse.

Normal Form of Benefit

Single Life Annuity

If the participant is single, the normal form is a Single Life Annuity. The participant will be paid the accrued benefit in monthly installments for the rest of the participant's lifetime only. Upon death, no further benefits are payable under the Plan.

50% Joint & Survivor Annuity

If the participant is married, the normal form is a 50% Joint and Survivor Annuity. This pays a reduced benefit for the participant's lifetime so that upon death, the surviving spouse will receive 50% of that benefit for the rest of his or her life. However, if the spouse dies first, the reduced benefit will continue without change. (Generally, the participant must have been married for at least one year prior to retirement date for this to be the normal form of payment.)

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - Summary of Plan Provisions for Brooklyn (continued)

Optional Benefits in Lieu of Regular Benefits

Single Life Annuity

The participant will be paid the accrued benefit in monthly installments for the rest of his or her lifetime. Upon death, no further benefits are payable under the Plan. This is only an option if the participant is married; if single, this is the normal form of payment.

Joint and Survivor Annuity

The participant may elect to take a reduced monthly pension for life so that upon death, 50%, 75% or 100% of the reduced monthly amount will be payable for the lifetime of the chosen beneficiary. However, if the person chosen to be the beneficiary is not the spouse, certain restrictions may apply.

Ten Years Certain and Life Income Annuity

The participant may elect to receive reduced monthly installments for the lifetime of the participant, with a guaranteed minimum of ten years. If death occurs after the retirement date but before payments have been completed for the ten-year period, payments will continue to one or more beneficiaries until the guaranteed ten-year period is over. If the participant and his or her beneficiaries die, any balance remaining from the guaranteed period will be paid in a lump sum to the estate of the last survivor.

Lump Sum Benefit:

If the present value of the pre-July 1, 2003 benefit is less than \$60,000, the participant may elect a Lump Sum payment. Upon termination, the participant receives a lump sum payment actuarially equivalent to the present value of the benefit.

Effective January 1, 2015, the Plan was amended to offer a special lump sum opportunity to vested Participants who terminated prior to April 1, 2015 and whose Prior Plan Accrued Benefit exceeds \$60,000 to receive their entire Prior Plan Accrued Benefit as a single lump sum as of October 1, 2015.

Optional Form Conversion Factors

Joint and Full (100%) Survivor Option Factor

90% plus (minus) 1% for each year up to a maximum of 10 that the joint annuitant is older (younger) than the participant.

Joint and Three-Quarters (75%) Survivor Option Factor

92.5% plus (minus) 0.75% for each year up to a maximum of 10 that the joint annuitant is older (younger) than the participant.

Joint and One-Half (50%) Survivor Option Factor

95% plus (minus) 0.5% for each year up to a maximum of 10 that the joint annuitant is older (younger) than the participant.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - Summary of Plan Provisions for Brooklyn (continued)

Life Pension With 10 Years Certain Option Factor

Age at Retirement	Factor
55	99.0%
56	98.8
57	98.6
58	98.4
59	98.2
60	98.0
61	97.4
62	96.8
63	96.2
64	95.6
65	95.0
66	94.0
67	93.0
68	92.0
69	91.0
70+	90.0

Benefits for Service Earned After June 30, 2003

Vested Benefit

Condition for Benefit

All participants who terminated employment after completing three years of vesting service or reaching normal retirement, whichever occurs first. The service prior to July 1, 2003 counts toward satisfying the 3 year vesting.

Amount of Benefit

The participant accumulates an account balance which receives Pay Credits at the end of each month. In addition, the account will be credited each month with Interest Credits based on the preceding month's account balance. No Pay Credits were earned for the period January 1, 2009 through December 31, 2009.

The benefit earned after June 30, 2003 can be received at any time after termination, regardless of age, provided the participant is vested.

Pre-Retirement Death Benefit

Condition for Benefit

Paid to the surviving spouse of a married participant who dies after meeting the conditions for a Deferred Vested Benefit. Unmarried participants will have the benefit payable to their named beneficiary or estate.

Amount of Benefit

The participant's accumulated account balance is payable to the eligible surviving spouse as a single sum payment or monthly annuity.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 3 - Summary of Plan Provisions for Brooklyn (continued)

Optional Forms of Benefit

Lump Sum

In addition to the Normal and Optional Forms of Benefits available prior to July 1, 2003, the participant may elect a Lump Sum payment. Upon termination, the participant receives the accrued account balance in a single lump sum payment.

Automatic Single Lump Sum Payments

Participant will receive an automatic single lump sum payment when their entire retirement benefit (service earned before and after June 30, 2003) is \$1,000 or less.

Actuarial Factors for Converting Cash Balance Account to Life Annuity Benefit

Conversion to single life annuity from Cash Balance based on the applicable mortality table and interest rate under IRC 417(e)(3). Assumptions are re-determined every January 1.

Optional Form Conversion Factors (from Life Annuity Benefit)

Same factors as described in Summary of Plan Provisions with respect to benefits for service prior to July 1, 2003.

Summary of Changes from the January 1, 2023 Valuation

Effective December 31, 2023, the NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan was merged with and into the NewYork-Presbyterian Pension Plan, with all assets and liabilities of the plan transferred to and owned by The New York and Presbyterian Hospital as of such date.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 4 - Summary of Plan Provisions for Queens

The original Effective Date of the Plan is January 1, 1971. Effective on August 31, 2015, the Plan Sponsor withdrew the Plan from Health Services Retirement Plan and renamed it to NewYork-Presbyterian Queens Retirement Plan. On December 14, 2016, an amendment was adopted to freeze all future benefit accruals effective February 18, 2017 for rollup active participants. As of February 18, 2017, all participants are no longer accruing additional benefits under the Plan.

Definitions

Eligibility

Employees regularly scheduled to work at least half-time will become participants upon completion of two consecutive months of service. Employees not scheduled to work at least half-time but who work at least 1,000 hours in the year following their date of hire will become plan participants on the first of the month following completion of 1,000 hours. Effective December 31, 2003, benefits were frozen for all participants. For participants with more than 20 years of Current Service Credit, their accrued benefit will be based on Final Average Compensation as of the later of the date of separation from service or February 18, 2017. As of February 18, 2017, all participants are no longer accruing additional benefits under the Plan.

Credited Service

A participant is credited with one month of service for each month in which at least one day of service is completed. However, no service will be granted in a participant's final month of service if he terminates prior to the sixteenth day of the month. Credited service was frozen as of December 31, 2003.

Final Average Compensation

Final Average Compensation is the average of the highest consecutive 5 years of compensation in the last 10 years. As of February 18, 2017, Final Average Compensation is frozen for all participants.

Benefits

Normal Retirement Benefit

Eligibility

First of the month coincident with or next following the later of attainment of age 65 or completion of 5 years of service credit including any related plan service credit.

Benefit

The sum of (i) and (ii) below:

(i) **Current Service Benefit**

1.76% of Final Average Compensation multiplied by years of current service credit.

(ii) **Past Service Benefit**

1.50% of past service compensation base multiplied by years of past service credit.

As of February 18, 2017, the accrued benefit is frozen for all participants.

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 4 - Summary of Plan Provisions for Queens (continued)

Early Retirement Benefit

Eligibility

First of the month coincident with or next following the attainment of age 55 and completion of 5 years of service credit including any related plan service credit.

Benefit

A pension computed as for Normal Retirement, but based on service and compensation at retirement, and reduced by 0.5% for each month that the commencement date precedes the Normal Retirement Date. If the participant retires at age 62 with 20 years of service, the benefit will be unreduced.

Disability Retirement Benefit

Eligibility

First of the month coincident with or next following at least six months of disability and completion of 5 years of service credit including any related plan service credit.

Benefit

A pension computed as for Normal Retirement but based on service and compensation at disability. Payment of benefits commences immediately without reduction.

Termination Benefit

Eligibility

Completion of 5 years of service including any related plan service credit.

Benefit

A pension computed as for Normal Retirement, but based on service and compensation at termination, and reduced by 0.5% for each month that the commencement date precedes the Normal Retirement Date.

Death Benefit

If a participant dies before the commencement of their benefit, a qualified 50% joint and survivor benefit will be payable to their spouse. The benefit will commence immediately, if eligible, or at the participant's earliest retirement date.

Any benefit payable will be reduced for the period during which the election remains in effect as follows:

Participant's Age	Reduction Per Month
35-44	1/120%
45-54	1/60%
55-64	1/20%
65 and over	1/10%

NewYork-Presbyterian Pension Plan

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Schedule SB, Part V – Summary of Plan Provisions (continued)

Part 4 - Summary of Plan Provisions for Queens (continued)

Normal Form of Benefit

Life annuity actuarially adjusted to 50% joint and survivor annuity if member is married.

Optional Forms of Benefit

- (a) Single life annuity (available to married members in lieu of normal form).
- (b) 5 year certain and life annuity.
- (c) 10 year certain and life annuity.
- (d) 50% joint and survivor annuity.
- (e) 75% joint and survivor annuity.
- (f) 100% joint and survivor annuity.
- (g) Social Security leveling income option.
- (h) 25% or 50% single lump sum payment, with remainder take under another option.

Summary of Changes from the January 1, 2023 Valuation

Effective December 31, 2023, The New York and Presbyterian Hospital Retirement Plan, the Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital, and the NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan were merged with and into the Plan, with all assets and liabilities of the respective plans transferred to and owned by the Plan as of such date.

NewYork-Presbyterian Pension Plan

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Schedule SB, 25 – Change in Method

Effective December 31, 2023, The New York and Presbyterian Hospital Retirement Plan, the Employees' Retirement Plan of NewYork-Presbyterian Westchester Hospital, and the NewYork-Presbyterian Brooklyn Methodist Hospital Employees' Retirement Plan were merged with and into this Plan, with all assets and liabilities of the respective plans transferred to and owned by this Plan as of such date.

The funding method change due to the plan merger meets the criteria for automatic approval under Section 5.02 of Revenue Procedure 2017-56.

NewYork-Presbyterian Pension Plan

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Schedule SB, 24 – Change in Actuarial Assumptions

- For non-union employees, the salary increase assumption was updated for an additional 1% salary increase in 2024.
- For the Brooklyn and NYPH groups, the interest-crediting rate used to project the value of future cash balance accounts increased from 3.83% and 4.00%, respectively, to 4.50%. The change is based on the rate in effect for NYPH participants for the current plan year.